

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

101564,238

FILING DATE

01-11-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3			C			
4						
5			A			
6				1		
7				1		
8			C			
9						
10			A			
11				1		
12				1		
13			A			
14				1		
15			A			
16			C			
17				1		
18				1		
19				1		
20				1		
21			C			
22				1		
23				1		
24			1			
25			C			
26				1		
27				1		
28			C			
29				1		
30				1		
31				1		
32				1		
33			C			
34						
35			1			
36				1		
37			1			
38			C			
39						
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45						
46						
47						
48						
49						
50						
TOTAL IND.			3			
TOTAL DEP.		←	17	←	←	
TOTAL CLAIMS			20			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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98						
99						
100						
TOTAL IND.					↓	
TOTAL DEP.		←			↓	←
TOTAL CLAIMS						←